

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Medical Practice Act of 1987 is amended by
5 changing Section 54.5 and by adding Section 54.2 as follows:

6 (225 ILCS 60/54.2 new)

7 (Section scheduled to be repealed on December 31, 2010)

8 Sec. 54.2. Physician delegation of authority.

9 (a) Nothing in this Act shall be construed to limit the
10 delegation of patient care tasks or duties by a physician, to a
11 licensed practical nurse, a registered professional nurse, or
12 other licensed person practicing within the scope of his or her
13 individual licensing Act. Delegation by a physician licensed to
14 practice medicine in all its branches to physician assistants
15 or advanced practice nurses is also addressed in Section 54.5
16 of this Act. No physician may delegate any patient care task or
17 duty that is statutorily or by rule mandated to be performed by
18 a physician.

19 (b) In an office or practice setting and within a
20 physician-patient relationship, a physician may delegate
21 patient care tasks or duties to an unlicensed person who
22 possesses appropriate training and experience provided a
23 health care professional, who is practicing within the scope of

1 such licensed professional's individual licensing Act, is on
2 site to provide assistance.

3 (c) Any such patient care task or duty delegated to a
4 licensed or unlicensed person must be within the scope of
5 practice, education, training, or experience of the delegating
6 physician and within the context of a physician-patient
7 relationship.

8 (d) Nothing in this Section shall be construed to affect
9 referrals for professional services required by law.

10 (e) The Department shall have the authority to promulgate
11 rules concerning a physician's delegation, including but not
12 limited to, the use of light emitting devices for patient care
13 or treatment.

14 (225 ILCS 60/54.5)

15 (Section scheduled to be repealed on December 31, 2010)

16 Sec. 54.5. Physician delegation of authority to physician
17 assistants and advanced practice nurses.

18 (a) Physicians licensed to practice medicine in all its
19 branches may delegate care and treatment responsibilities to a
20 physician assistant under guidelines in accordance with the
21 requirements of the Physician Assistant Practice Act of 1987. A
22 physician licensed to practice medicine in all its branches may
23 enter into supervising physician agreements with no more than 2
24 physician assistants.

25 (b) A physician licensed to practice medicine in all its

1 branches in active clinical practice may collaborate with an
2 advanced practice nurse in accordance with the requirements of
3 the Nurse Practice Act. Collaboration is for the purpose of
4 providing medical consultation, and no employment relationship
5 is required. A written collaborative agreement shall conform to
6 the requirements of Section 65-35 of the Nurse Practice Act.
7 The written collaborative agreement shall be for services the
8 collaborating physician generally provides to his or her
9 patients in the normal course of clinical medical practice. A
10 written collaborative agreement shall be adequate with respect
11 to collaboration with advanced practice nurses if all of the
12 following apply:

13 (1) The agreement is written to promote the exercise of
14 professional judgment by the advanced practice nurse
15 commensurate with his or her education and experience. The
16 agreement need not describe the exact steps that an
17 advanced practice nurse must take with respect to each
18 specific condition, disease, or symptom, but must specify
19 those procedures that require a physician's presence as the
20 procedures are being performed.

21 (2) Practice guidelines and orders are developed and
22 approved jointly by the advanced practice nurse and
23 collaborating physician, as needed, based on the practice
24 of the practitioners. Such guidelines and orders and the
25 patient services provided thereunder are periodically
26 reviewed by the collaborating physician.

1 (3) The advance practice nurse provides services the
2 collaborating physician generally provides to his or her
3 patients in the normal course of clinical practice, except
4 as set forth in subsection (b-5) of this Section. With
5 respect to labor and delivery, the collaborating physician
6 must provide delivery services in order to participate with
7 a certified nurse midwife.

8 (4) The collaborating physician and advanced practice
9 nurse meet in person at least once a month to provide
10 collaboration and consultation.

11 (5) Methods of communication are available with the
12 collaborating physician in person or through
13 telecommunications for consultation, collaboration, and
14 referral as needed to address patient care needs.

15 (6) The agreement contains provisions detailing notice
16 for termination or change of status involving a written
17 collaborative agreement, except when such notice is given
18 for just cause.

19 (b-5) An anesthesiologist or physician licensed to
20 practice medicine in all its branches may collaborate with a
21 certified registered nurse anesthetist in accordance with
22 Section 65-35 of the Nurse Practice Act for the provision of
23 anesthesia services. With respect to the provision of
24 anesthesia services, the collaborating anesthesiologist or
25 physician shall have training and experience in the delivery of
26 anesthesia services consistent with Department rules.

1 Collaboration shall be adequate if:

2 (1) an anesthesiologist or a physician participates in
3 the joint formulation and joint approval of orders or
4 guidelines and periodically reviews such orders and the
5 services provided patients under such orders; and

6 (2) for anesthesia services, the anesthesiologist or
7 physician participates through discussion of and agreement
8 with the anesthesia plan and is physically present and
9 available on the premises during the delivery of anesthesia
10 services for diagnosis, consultation, and treatment of
11 emergency medical conditions. Anesthesia services in a
12 hospital shall be conducted in accordance with Section 10.7
13 of the Hospital Licensing Act and in an ambulatory surgical
14 treatment center in accordance with Section 6.5 of the
15 Ambulatory Surgical Treatment Center Act.

16 (b-10) The anesthesiologist or operating physician must
17 agree with the anesthesia plan prior to the delivery of
18 services.

19 (c) The supervising physician shall have access to the
20 medical records of all patients attended by a physician
21 assistant. The collaborating physician shall have access to the
22 medical records of all patients attended to by an advanced
23 practice nurse.

24 (d) (Blank). ~~Nothing in this Act shall be construed to~~
25 ~~limit the delegation of tasks or duties by a physician licensed~~
26 ~~to practice medicine in all its branches to a licensed~~

1 ~~practical nurse, a registered professional nurse, or other~~
2 ~~persons.~~

3 (e) A physician shall not be liable for the acts or
4 omissions of a physician assistant or advanced practice nurse
5 solely on the basis of having signed a supervision agreement or
6 guidelines or a collaborative agreement, an order, a standing
7 medical order, a standing delegation order, or other order or
8 guideline authorizing a physician assistant or advanced
9 practice nurse to perform acts, unless the physician has reason
10 to believe the physician assistant or advanced practice nurse
11 lacked the competency to perform the act or acts or commits
12 willful and wanton misconduct.

13 (Source: P.A. 95-639, eff. 10-5-07.)

14 Section 10. The Nurse Practice Act is amended by changing
15 Section 65-35 as follows:

16 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)

17 (Section scheduled to be repealed on January 1, 2018)

18 Sec. 65-35. Written collaborative agreements.

19 (a) A written collaborative agreement is required for all
20 advanced practice nurses engaged in clinical practice, except
21 for advanced practice nurses who are authorized to practice in
22 a hospital or ambulatory surgical treatment center.

23 (a-5) If an advanced practice nurse engages in clinical
24 practice outside of a hospital or ambulatory surgical treatment

1 center in which he or she is authorized to practice, the
2 advanced practice nurse must have a written collaborative
3 agreement.

4 (b) A written collaborative agreement shall describe the
5 working relationship of the advanced practice nurse with the
6 collaborating physician or podiatrist and shall authorize the
7 categories of care, treatment, or procedures to be performed by
8 the advanced practice nurse. A collaborative agreement with a
9 dentist must be in accordance with subsection (c-10) of this
10 Section. Collaboration does not require an employment
11 relationship between the collaborating physician and advanced
12 practice nurse. Collaboration means the relationship under
13 which an advanced practice nurse works with a collaborating
14 physician or podiatrist in an active clinical practice to
15 deliver health care services in accordance with (i) the
16 advanced practice nurse's training, education, and experience
17 and (ii) collaboration and consultation as documented in a
18 jointly developed written collaborative agreement.

19 The agreement shall be defined to promote the exercise of
20 professional judgment by the advanced practice nurse
21 commensurate with his or her education and experience. The
22 services to be provided by the advanced practice nurse shall be
23 services that the collaborating physician or podiatrist is
24 authorized to and generally provides to his or her patients in
25 the normal course of his or her clinical medical practice,
26 except as set forth in subsection (c-5) of this Section. The

1 agreement need not describe the exact steps that an advanced
2 practice nurse must take with respect to each specific
3 condition, disease, or symptom but must specify which
4 authorized procedures require the presence of the
5 collaborating physician or podiatrist as the procedures are
6 being performed. The collaborative relationship under an
7 agreement shall not be construed to require the personal
8 presence of a physician or podiatrist at all times at the place
9 where services are rendered. Methods of communication shall be
10 available for consultation with the collaborating physician or
11 podiatrist in person or by telecommunications in accordance
12 with established written guidelines as set forth in the written
13 agreement.

14 (c) Collaboration and consultation under all collaboration
15 agreements shall be adequate if a collaborating physician or
16 podiatrist does each of the following:

17 (1) Participates in the joint formulation and joint
18 approval of orders or guidelines with the advanced practice
19 nurse and he or she periodically reviews such orders and
20 the services provided patients under such orders in
21 accordance with accepted standards of medical practice and
22 advanced practice nursing practice.

23 (2) Meets in person with the advanced practice nurse at
24 least once a month to provide collaboration and
25 consultation. In the case of anesthesia services provided
26 by a certified registered nurse anesthetist, an

1 anesthesiologist, physician, dentist, or podiatrist must
2 participate through discussion of and agreement with the
3 anesthesia plan and remain physically present and
4 available on the premises during the delivery of anesthesia
5 services for diagnosis, consultation, and treatment of
6 emergency medical conditions.

7 (3) Is available through telecommunications for
8 consultation on medical problems, complications, or
9 emergencies or patient referral. In the case of anesthesia
10 services provided by a certified registered nurse
11 anesthetist, an anesthesiologist, physician, dentist, or
12 podiatrist must participate through discussion of and
13 agreement with the anesthesia plan and remain physically
14 present and available on the premises during the delivery
15 of anesthesia services for diagnosis, consultation, and
16 treatment of emergency medical conditions.

17 The agreement must contain provisions detailing notice for
18 termination or change of status involving a written
19 collaborative agreement, except when such notice is given for
20 just cause.

21 (c-5) A certified registered nurse anesthetist, who
22 provides anesthesia services outside of a hospital or
23 ambulatory surgical treatment center shall enter into a written
24 collaborative agreement with an anesthesiologist or the
25 physician licensed to practice medicine in all its branches or
26 the podiatrist performing the procedure. Outside of a hospital

1 or ambulatory surgical treatment center, the certified
2 registered nurse anesthetist may provide only those services
3 that the collaborating podiatrist is authorized to provide
4 pursuant to the Podiatric Medical Practice Act of 1987 and
5 rules adopted thereunder. A certified registered nurse
6 anesthetist may select, order, and administer medication,
7 including controlled substances, and apply appropriate medical
8 devices for delivery of anesthesia services under the
9 anesthesia plan agreed with by the anesthesiologist or the
10 operating physician or operating podiatrist.

11 (c-10) A certified registered nurse anesthetist who
12 provides anesthesia services in a dental office shall enter
13 into a written collaborative agreement with an
14 anesthesiologist or the physician licensed to practice
15 medicine in all its branches or the operating dentist
16 performing the procedure. The agreement shall describe the
17 working relationship of the certified registered nurse
18 anesthetist and dentist and shall authorize the categories of
19 care, treatment, or procedures to be performed by the certified
20 registered nurse anesthetist. In a collaborating dentist's
21 office, the certified registered nurse anesthetist may only
22 provide those services that the operating dentist with the
23 appropriate permit is authorized to provide pursuant to the
24 Illinois Dental Practice Act and rules adopted thereunder. For
25 anesthesia services, an anesthesiologist, physician, or
26 operating dentist shall participate through discussion of and

1 agreement with the anesthesia plan and shall remain physically
2 present and be available on the premises during the delivery of
3 anesthesia services for diagnosis, consultation, and treatment
4 of emergency medical conditions. A certified registered nurse
5 anesthetist may select, order, and administer medication,
6 including controlled substances, and apply appropriate medical
7 devices for delivery of anesthesia services under the
8 anesthesia plan agreed with by the operating dentist.

9 (d) A copy of the signed, written collaborative agreement
10 must be available to the Department upon request from both the
11 advanced practice nurse and the collaborating physician or
12 podiatrist.

13 (e) Nothing in this Act shall be construed to limit the
14 delegation of tasks or duties by a physician to a licensed
15 practical nurse, a registered professional nurse, or other
16 persons in accordance with Section 54.2 of the Medical Practice
17 Act of 1987.

18 (f) An advanced practice nurse shall inform each
19 collaborating physician, dentist, or podiatrist of all
20 collaborative agreements he or she has signed and provide a
21 copy of these to any collaborating physician, dentist, or
22 podiatrist upon request.

23 (Source: P.A. 95-639, eff. 10-5-07.)

24 Section 15. The Physician Assistant Practice Act of 1987 is
25 amended by changing Section 7.5 as follows:

1 (225 ILCS 95/7.5)

2 (Section scheduled to be repealed on January 1, 2018)

3 Sec. 7.5. Prescriptions. A supervising physician may
4 delegate limited prescriptive authority to a physician
5 assistant. This authority may, but is not required to, include
6 prescription and dispensing of legend drugs and legend
7 controlled substances categorized as Schedule III, IV, or V
8 controlled substances, as defined in Article II of the Illinois
9 Controlled Substances Act, as delegated in the written
10 guidelines required by this Act. To prescribe Schedule III, IV,
11 or V controlled substances under this Section, a physician
12 assistant must obtain a mid-level practitioner controlled
13 substances license. Medication orders issued by a physician
14 assistant shall be reviewed periodically by the supervising
15 physician. The supervising physician shall file with the
16 Department notice of delegation of prescriptive authority to a
17 physician assistant and termination of delegation, specifying
18 the authority delegated or terminated. Upon receipt of this
19 notice delegating authority to prescribe Schedule III, IV, or V
20 controlled substances, the physician assistant shall be
21 eligible to register for a mid-level practitioner controlled
22 substances license under Section 303.05 of the Illinois
23 Controlled Substances Act. Nothing in this Act shall be
24 construed to limit the delegation of tasks or duties by the
25 supervising physician to a nurse or other appropriately trained

1 persons in accordance with Section 54.2 of the Medical Practice
2 Act of 1987 ~~personnel~~.

3 The Department shall establish by rule the minimum
4 requirements for written guidelines to be followed under this
5 Section.

6 (Source: P.A. 90-116, eff. 7-14-97; 90-818, eff. 3-23-99.)

7 Section 20. The Podiatric Medical Practice Act of 1987 is
8 amended by changing Section 20.5 as follows:

9 (225 ILCS 100/20.5)

10 (Section scheduled to be repealed on January 1, 2018)

11 Sec. 20.5. Delegation of authority to advanced practice
12 nurses.

13 (a) A podiatrist in active clinical practice may
14 collaborate with an advanced practice nurse in accordance with
15 the requirements of the Nurse Practice Act. Collaboration shall
16 be for the purpose of providing podiatric consultation and no
17 employment relationship shall be required. A written
18 collaborative agreement shall conform to the requirements of
19 Section 65-35 of the Nurse Practice Act. The written
20 collaborative agreement shall be for services the
21 collaborating podiatrist generally provides to his or her
22 patients in the normal course of clinical podiatric practice,
23 except as set forth in item (3) of this subsection (a). A
24 written collaborative agreement and podiatric collaboration

1 and consultation shall be adequate with respect to advanced
2 practice nurses if all of the following apply:

3 (1) The agreement is written to promote the exercise of
4 professional judgment by the advanced practice nurse
5 commensurate with his or her education and experience. The
6 agreement need not describe the exact steps that an
7 advanced practice nurse must take with respect to each
8 specific condition, disease, or symptom, but must specify
9 which procedures require a podiatrist's presence as the
10 procedures are being performed.

11 (2) Practice guidelines and orders are developed and
12 approved jointly by the advanced practice nurse and
13 collaborating podiatrist, as needed, based on the practice
14 of the practitioners. Such guidelines and orders and the
15 patient services provided thereunder are periodically
16 reviewed by the collaborating podiatrist.

17 (3) The advance practice nurse provides services that
18 the collaborating podiatrist generally provides to his or
19 her patients in the normal course of clinical practice.
20 With respect to the provision of anesthesia services by a
21 certified registered nurse anesthetist, the collaborating
22 podiatrist must have training and experience in the
23 delivery of anesthesia consistent with Department rules.

24 (4) The collaborating podiatrist and the advanced
25 practice nurse meet in person at least once a month to
26 provide collaboration and consultation.

1 (5) Methods of communication are available with the
2 collaborating podiatrist in person or through
3 telecommunications for consultation, collaboration, and
4 referral as needed to address patient care needs.

5 (6) With respect to the provision of anesthesia
6 services by a certified registered nurse anesthetist, an
7 anesthesiologist, physician, or podiatrist shall
8 participate through discussion of and agreement with the
9 anesthesia plan and shall remain physically present and be
10 available on the premises during the delivery of anesthesia
11 services for diagnosis, consultation, and treatment of
12 emergency medical conditions. The anesthesiologist or
13 operating podiatrist must agree with the anesthesia plan
14 prior to the delivery of services.

15 (7) The agreement contains provisions detailing notice
16 for termination or change of status involving a written
17 collaborative agreement, except when such notice is given
18 for just cause.

19 (b) The collaborating podiatrist shall have access to the
20 records of all patients attended to by an advanced practice
21 nurse.

22 (c) Nothing in this Section shall be construed to limit the
23 delegation of tasks or duties by a podiatrist to a licensed
24 practical nurse, a registered professional nurse, or other
25 appropriately trained persons.

26 (d) A podiatrist shall not be liable for the acts or

1 omissions of an advanced practice nurse solely on the basis of
2 having signed guidelines or a collaborative agreement, an
3 order, a standing order, a standing delegation order, or other
4 order or guideline authorizing an advanced practice nurse to
5 perform acts, unless the podiatrist has reason to believe the
6 advanced practice nurse lacked the competency to perform the
7 act or acts or commits willful or wanton misconduct.

8 (Source: P.A. 95-639, eff. 10-5-07.)

9 Section 99. Effective date. This Act takes effect January
10 1, 2010.